



OFFICE OF THE

DISTRICT ATTORNEY

FAMILY SUPPORT DIVISION • ORANGE COUNTY • CALIFORNIA
TONY RACKAUCKAS, DISTRICT ATTORNEY

CHARLES MIDDLETON
CHIEF ASSISTANT D.A.

JAN STURLA
SENIOR ASSISTANT D.A.
DIRECTOR

KEVIN HARRISON
ASSISTANT D.A.
ASSISTANT DIRECTOR

SUE DELARUE
ASSISTANT DIRECTOR

RE: Opening Child Support Case

Dear Sir/Madam:

In response to your request, enclosed are forms necessary to open a child support case in the office.

COMPLETE THE ATTACHED FORMS:

1. Use a black inked pen.
2. Print neatly. Your answers must be easily readable.
3. Provide the social security number for the absent if at all possible. Find this by reviewing old pay stubs, income tax returns, credit/loan applications, bank/savings accounts, insurance or health records, military or union records.
4. Provide a daytime telephone number for yourself.
5. Review the forms, make sure you have provided all information requested.
6. Sign the documents where requested.

MAIL THE FOLLOWING DOCUMENTS TO OUR OFFICE.

1. The completed and signed forms.
2. Copies of all child support orders (if available)
3. Photograph of the absent parent (if available)

Your daytime telephone number is very important in the event our staff needs to contact you when they are reviewing your documents.

A self-addressed envelope is provided for you to return the documents to our office. When we receive your completed documents, we will acknowledge receipt of them by a return letter to you.

Thank you for your interest in our office.

Family Support Staff

Enclosures: Forms
Self-Addressed Envelope

COUNTY OF ORANGE, OFFICE OF THE DISTRICT ATTORNEY

FAMILY SUPPORT DIVISION

PLEASE PRINT

COMPLETE BOTH SIDES

FACTS ABOUT YOU AND YOUR CHILD OR CHILDREN

YOUR PRESENT NAME: LAST, FIRST, MIDDLE			YOUR HOME PHONE NUMBER:		WORK OR OTHER PHONE NUMBER (S)	
YOUR ADDRESS: STREET CITY STATE ZIP			RELATIONSHIP TO CHILDREN:		YOUR PRESENT MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	
YOUR SOCIAL SECURITY NO.:		RACE:	MAIDEN NAME:		DATE OF BIRTH:	
NAME AND ADDRESS OF YOUR EMPLOYER:			NAME OF RELATIVE OR FRIEND WHO WILL BE ABLE TO CONTACT YOU: PHONE:			
DATE AND PLACE OF YOUR MARRIAGE TO NON CUSTODIAL PARENT (IF NEVER MARRIED, PRINT "NONE") DATE: COUNTY & STATE:			DATE AND PLACE OF YOUR DIVORCE FROM THIS NON CUSTODIAL PARENT. (IF NONE, PRINT "NONE") DATE: COUNTY & STATE:			
HAVE YOU EVER HAD A CASE WITH A FAMILY SUPPORT DIVISION IN ANOTHER COUNTY? (IF YES, PLEASE GIVE DATE, CITY, STATE) DATE FROM: TO: CITY: STATE: HAVE YOU EVER RECEIVED CASH AID (WELFARE) FOR THE LISTED CHILD(REN)? <input type="checkbox"/> YES <input type="checkbox"/> NO						
ARE YOU APPLYING FOR INTERSTATE COLLECTION ENFORCEMENT OF AN EXISTING ORDER FOR SPOUSAL SUPPORT ONLY (OTHER PARTY OUT OF STATE - COPY OF ORDER(S) MUST BE PROVIDED) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YOU MAY SKIP TO FACTS ABOUT THIS PARENT BELOW						
IF NOT MARRIED TO NON CUSTODIAL PARENT, DID YOU COMPLETE A DECLARATION OF PATERNITY AT A CALIFORNIA HOSPITAL OR AGENCY? <input type="checkbox"/> YES (WHERE) <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW						
IS THERE A COURT ORDER FOR CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING LOCATION OF COURT: COURT ORDER # AMOUNT ORDER: \$ HOW OFTEN: DATE OF ORDER: COUNTY: STATE:						

FULL NAMES OF ALL CHILDREN BY NON CUSTODIAL PARENT (IF CHILD IS NOT YET BORN, PRINT "UNBORN" AND DATE EXPECTED)

NAME	SEX	BIRTH DATE	BIRTHPLACE	SOCIAL SECURITY NO.	LIVING WITH YOU
1.		- -		- -	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.		- -		- -	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.		- -		- -	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.		- -		- -	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.		- -		- -	YES <input type="checkbox"/> NO <input type="checkbox"/>

ARE YOU NOW LIVING WITH THE NON CUSTODIAL PARENT? YES ☐ NO ☐ (IF NOT, GIVE DATE AND ADDRESS YOU LAST LIVED TOGETHER)
DATE: ADDRESS: CITY: STATE: ZIP:

IF PATERNITY NEEDS TO BE ESTABLISHED, PLEASE ANSWER 1-3; IF YOUR ORDER IS NOT FROM CALIFORNIA, PLEASE ANSWER 1 AND 2

- HAS NON CUSTODIAL PARENT EVER LIVED IN CALIFORNIA? YES ☐ NO ☐ , IF SO, WHEN? WHERE?
- HAS NON CUSTODIAL PARENT EVER WORKED IN CALIFORNIA? YES ☐ NO ☐ , IF SO, WHEN? WHERE?
- IN WHICH STATE WAS THE CHILD(REN) CONCEIVED? (EACH CHILD ABOVE, USE NUMBER)

LIST DATES AND PLACES OF ALL YOUR MARRIAGES, DISSOLUTIONS OR ANNULMENTS

DATE OF MARRIAGE	CITY & STATE	NAME OF HUSBAND/WIFE	DATE OF DISSOLUTION	WHERE OBTAINED

FACTS ABOUT THIS PARENT OF YOUR CHILD OR CHILDREN

NON CUSTODIAL PARENT'S NAME: LAST, FIRST, MIDDLE			NON CUSTODIAL PARENT'S PHONE: HOME: BUSINESS: RELATIVE:		
NON CUSTODIAL PARENT'S ADDRESS: STREET CITY STATE ZIP			NON CUSTODIAL PARENT'S DATE OF BIRTH: NON CUSTODIAL PARENT'S PLACE OF BIRTH:		
<input type="checkbox"/> CURRENT NOW <input type="checkbox"/> CURRENT AS OF: (DATE)					
NON CUSTODIAL PARENT'S SOCIAL SECURITY NUMBER:		DRIVERS LICENSE NUMBER:		STATE:	
-		-			
NAME AND ADDRESS OF NON CUSTODIAL PARENT'S PRESENT EMPLOYER (IF NOT WORKING PRINT "UNEMPLOYED") NAME: STREET CITY STATE ZIP					
<input type="checkbox"/> CURRENT NOW <input type="checkbox"/> CURRENT AS OF: (DATE)					

FACTS ABOUT THIS PARENT OF YOUR CHILD OR CHILDREN

IF NON CUSTODIAL PARENT IS UNEMPLOYED OR PRESENT EMPLOYER IS UNKNOWN, GIVE NAME AND ADDRESS OF LAST EMPLOYMENT
NAME: ADDRESS CITY STATE ZIP

NON CUSTODIAL PARENT'S USUAL OCCUPATION OR TRADE:

LIST ANY OTHER TRADES OR SKILLS NON CUSTODIAL PARENT HAS:

IS NON CUSTODIAL PARENT A MEMBER OF A LABOR UNION? YES ☐ NO ☐
NAME AND NUMBER OF UNION ADDRESS CITY STATE ZIP

IF SELF EMPLOYED, WHAT IS THE NAME OF BUSINESS?

GROSS WAGES: ☐ WEEKLY ☐ MONTHLY

HOW PAID: ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY

IS NON CUSTODIAL PARENT A STEADY WORKER? YES ☐ NO ☐ IF NOT, EXPLAIN

IS NON CUSTODIAL PARENT KNOWN BY ANY NAME OTHER THAN THE ONE GIVEN? YES ☐ NO ☐
PLEASE FURNISH:

LIST ANY OTHER SOURCES OF INCOME NON CUSTODIAL PARENT HAS: (VA BENEFITS, SOCIAL SECURITY DISABILITY, INTEREST, DIVIDENDS, ETC.)

NON CUSTODIAL PARENT'S PHYSICAL DESCRIPTION: (PLEASE PROVIDE PHOTO)

RACE:	COMPLEXION:	IDENTIFYING FEATURES (MARKS, SCARS, TATTOOS, ETC.)
HAIR:	HEIGHT:	
EYES:	WEIGHT:	

NON CUSTODIAL PARENT'S MOTHER'S NAME (MAIDEN) AND FATHER'S NAME AND ADDRESS:
MOTHER'S LAST (MAIDEN), FIRST ADDRESS CITY STATE ZIP

FATHER'S LAST, FIRST ADDRESS CITY STATE ZIP

LIST ANY RELATIVES OR FRIENDS OF NON CUSTODIAL PARENT:

NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP

HAS NON CUSTODIAL PARENT EVER BEEN ARRESTED? YES ☐ NO ☐ IF YES, DATE: AGENCY CITY STATE OFFENSE (REASON)

ASSETS-DOES NON CUSTODIAL PARENT OWN:

REAL PROPERTY	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, ADDRESS:	CITY:	STATE:	ZIP:
AUTOMOBILE	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, MAKE	YEAR:	LICENSE NUMBER:	
OTHER PROPERTY	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHAT?			
BANK ACCOUNTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, BRANCH:	ADDRESS:	CITY:	

LIST THE AMOUNT OF TIME THE NON CUSTODIAL PARENT HAS THE CHILDREN WITH HIM/HER (Do not list court ordered time visitation, list actual time.):

DAYS PER MONTH: HOURS PER MONTH:

DOES THE NON CUSTODIAL PARENT HAVE ANY OTHER CHILD SUPPORT OBLIGATIONS? YES ☐ NO ☐ IF YES, WHAT?

NON CUSTODIAL PARENT'S PRESENT MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ LIVING WITH ANOTHER

LIST ALL MINOR CHILDREN OF NON CUSTODIAL PARENT LIVING WITH AND SUPPORTED BY NON CUSTODIAL PARENT:

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
1.		3.	
2.		4.	

I REQUEST THE SERVICES OF THE DISTRICT ATTORNEY TO ASSIST ME IN THE FOLLOWING EFFORTS: (MARK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> ESTABLISH PATERNITY | <input type="checkbox"/> MODIFY AN EXISTING CHILD SUPPORT ORDER |
| <input type="checkbox"/> OBTAIN A CHILD SUPPORT ORDER (INCLUDES REQUIRED MEDICAL INSURANCE PROVISION) | <input type="checkbox"/> OBTAIN AN ORDER FOR MEDICAL INSURANCE (REQUIRED) |
| <input type="checkbox"/> ENFORCE AN EXISTING CHILD AND/OR SPOUSAL SUPPORT ORDER INCLUDING ARREARS | <input type="checkbox"/> ENFORCE AN EXISTING MEDICAL INSURANCE ORDER |
| <input type="checkbox"/> ENFORCE AN EXISTING SPOUSAL SUPPORT ORDER AGAINST AN OUT OF STATE PERSON (ONLY) | <input type="checkbox"/> MY CHILDREN HAVE SATISFACTORY MEDICAL INSURANCE COVERAGE, NO ENFORCEMENT IS NEEDED AT THIS TIME |

I am applying for support services under the Child Support Enforcement Program of Title IV-D of the Social Security Act. I declare under penalty of perjury (Penal Code, Section 118) that this questionnaire has been examined by me and to the best of my knowledge and belief it is true and correct.

DATE: SIGNATURE OF APPLICANT:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): 	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE FAMILY LAW DIVISION 341 THE CITY DRIVE POST OFFICE BOX 14170 ORANGE, CA 92613-1570		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER:

Step 1
Attachments to
this summary

I have completed ☐ Income ☐ Expense ☐ Child Support Information forms.
 (If child support is not an issue, do not complete the Child Support Information Form. If your only income is AFDC,
 do not complete the Income Information Form.)

Step 2
Answer all
questions that
apply to you

1. Are you receiving or have you applied for or do you intend to apply for welfare or AFDC?
☐ Receiving ☐ Applied for ☐ Intend to apply for ☐ No
2. What is your date of birth (month/day/year)?
3. What is your occupation?
4. Highest year of education completed:
5. Are you currently employed? ☐ Yes ☐ No
 - a. If yes: (1) Where do you work? (name and address):
 - (2) When did you start work there (month/year)?
 - b. If no: (1) When did you last work (month/year)?
 - (2) What were your gross monthly earnings?
6. What is the total number of minor children you are legally obligated to support?

Step 3
Monthly income
information

7. Net monthly disposable income (from line 16a of Income Information): \$
8. Current net monthly disposable income (if different from line 7, explain below or on Attachment 8): \$

Step 4
Expense
information

9. Total monthly expenses from line 2q of Expense Information: \$
10. Amount of these expenses paid by others: \$

Step 5 Other
party's income

11. My estimate of the other party's gross monthly income is: \$

Step 6
Date and
sign this form

I declare under penalty of perjury under the laws of the State of California that the foregoing and
 the attached information forms are true and correct.

Date:

.....
 (TYPE OR PRINT NAME)

.....
 (SIGNATURE OF DECLARANT)

☐ Petitioner ☐ Respondent

Page one of

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: INCOME INFORMATION OF (name):	CASE NUMBER:
---	--------------

1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. \$ _____
 2. All other money received during the last 12 months **except welfare, AFDC, SSI, spousal support from this marriage, or any child support.** *Specify sources below:*

Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities.	2a. \$ _____
Include income from a business, rental properties, and reimbursement of job-related expenses.	2b. \$ _____
► Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property.	2c. \$ _____
	2d. \$ _____
 3. Add lines 1 through 2d. 3. \$ _____
- Divide line 3 by 12 and place result on line 4a.

	Average last 12 months:	Last month:
4. Gross income	4a. \$ _____	4b. \$ _____
5. State income tax	5a. \$ _____	5b. \$ _____
6. Federal income tax	6a. \$ _____	6b. \$ _____
7. Social Security and Hospital Tax ("FICA" and "MEDI") or self-employment tax, or the amount used to secure retirement or disability benefits	7a. \$ _____	7b. \$ _____
8. Health insurance for you and any children you are required to support . . .	8a. \$ _____	8b. \$ _____
9. State disability insurance	9a. \$ _____	9b. \$ _____
10. Mandatory union dues	10a. \$ _____	10b. \$ _____
11. Mandatory retirement and pension fund contributions <i>Do not include any deduction claimed in item 7.</i>	11a. \$ _____	11b. \$ _____
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, actually being paid for a relationship other than that involved in this proceeding:	12a. \$ _____	12b. \$ _____
13. Necessary job-related expenses (attach explanation)	13a. \$ _____	13b. \$ _____
14. Hardship deduction (Line 4d on Child Support Information Form)	14a. \$ _____	14b. \$ _____
15. Add lines 5 through 14. Total monthly deductions:	15a. \$ _____	15b. \$ _____
16. Subtract line 15 from line 4. Net monthly disposable income:	16a. \$ _____	16b. \$ _____

17. AFDC, welfare, spousal support from this marriage, and child support from other relationships received each month: 17. \$ _____
18. Cash and checking accounts: 18. \$ _____
19. Savings, credit union, certificates of deposit, and money market accounts: 19. \$ _____
20. Stocks, bonds, and other liquid assets: 20. \$ _____
21. All other property, real or personal (specify below): 21. \$ _____

► **Attach a copy of your three most recent pay stubs.** Page _____ of _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: EXPENSE INFORMATION OF (name):	CASE NUMBER:
--	--------------

1. a. List all persons living in your home whose expenses are included below and their income: <input type="checkbox"/> Continued on Attachment 1a.	1. 2. 3. 4.	<u>name</u>	<u>age</u>	<u>relationship</u>	<u>gross monthly income</u>
b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b.	1. 2. 3.				

2. MONTHLY EXPENSES

<p>a. Residence payments</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____</p> <p>(2) If mortgage, include: Average principle \$ _____ Average interest \$ _____ Impound for real property taxes \$ _____ Impound for home-owner's insurance . . . \$ _____</p> <p>(3) Real property taxes (if not included in item (2)) \$ _____</p> <p>(4) Homeowner's or renter's insurance (if not included in item (2)) \$ _____</p> <p>(5) Maintenance \$ _____</p> <p>b. Unreimbursed medical and dental expenses \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Children's education \$ _____</p>	<p>e. Food at home and household supplies . \$ _____</p> <p>f. Food eating out \$ _____</p> <p>g. Utilities \$ _____</p> <p>h. Telephone \$ _____</p> <p>i. Laundry and cleaning \$ _____</p> <p>j. Clothing \$ _____</p> <p>k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) \$ _____</p> <p>l. Education (specify): \$ _____</p> <p>m. Entertainment \$ _____</p> <p>n. Transportation and auto expenses (insurance, gas, oil, repair) \$ _____</p> <p>o. Installment payments (insert total and itemize below in item 3) \$ _____</p> <p>p. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>q. TOTAL EXPENSES (a-p) \$ _____ (do not include amounts in a(2))</p> </div>
---	--

3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS ☐ Continued on Attachment 3.

CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE

4. ATTORNEY FEES

a. To date I have paid my attorney for fees and costs: \$ The source of this money was:

b. I owe to date the following fees and costs over the amount paid:

c. My arrangement for attorney fees and costs is:

I confirm this information and fee arrangement.

 (SIGNATURE OF ATTORNEY)

.....
 (TYPE OR PRINT NAME OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: CHILD SUPPORT INFORMATION OF (name):	CASE NUMBER:
--	--------------

THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.

1. Health insurance for my children ☐ is ☐ is not available through my employer.
 - a. Monthly cost paid by me or on my behalf for the children *only* is: \$ _____
Do not include the amount paid or payable by your employer.
 - b. Name of carrier:
 - c. Address of carrier:
 - d. Policy or group policy number:

2. Approximate percentage of time each parent has primary physical responsibility for the children:

Mother	%	Father	%
--------	---	--------	---

3. ☐ The court is requested to order the following as additional child support:
 - a. ☐ Child care costs related to employment or to reasonably necessary education or training for employment skills
 - (1) Monthly amount currently paid by mother: \$ _____
 - (2) Monthly amount currently paid by father: \$ _____
 - b. ☐ Uninsured health care costs for the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

 - c. ☐ Educational or other special needs of the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

 - d. ☐ Travel expense for visitation
 - (1) Monthly amount currently paid by mother: \$ _____
 - (2) Monthly amount currently paid by father: \$ _____

4. ☐ The court is requested to allow the deductions identified below, which are justifiable expenses that have caused an extreme financial hardship.

	Amount paid per month	How many months will you need to make these payments
a. <input type="checkbox"/> Extraordinary health care expenses (<i>specify and attach any supporting documents</i>):	\$ _____	_____
b. <input type="checkbox"/> Uninsured catastrophic losses (<i>specify and attach supporting documents</i>):	\$ _____	_____
c. <input type="checkbox"/> Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (<i>specify names and ages of these children</i>):	\$ _____	_____
d. Total hardship deductions requested (<i>add lines a-c</i>):		\$ _____

CHILD SUPPORT SERVICES PROGRAM NOTICE

WHAT CHILD SUPPORT CAN DO FOR YOU:

All children have the right to be supported by both parents. Any person, including a noncustodial parent, whether or not he or she receives public assistance, can apply for support services. Some of the available services are as follows:

- locating the parent(s) for support enforcement purposes;
- establishing paternity (legal fatherhood);
- establishing a child and/or medical support (health insurance) order;
- enforcing a child and/or medical support order;
- modifying an existing court order for child and/or medical support;
- enforcing a spousal support order in conjunction with a child support order;
- collecting and distributing support payments.

CUSTODY AND VISITATION SERVICES ARE NOT PROVIDED

THE LOCAL CHILD SUPPORT AGENCY PROVIDES SERVICES ON BEHALF OF THE STATE OF CALIFORNIA. THEY DO NOT REPRESENT YOU AND ARE NOT YOUR ATTORNEY. BECAUSE YOU ARE NOT THEIR CLIENT, THE INFORMATION YOU PROVIDE IS NOT CONFIDENTIAL UNDER ATTORNEY/CLIENT PRIVILEGE.

SOCIAL SECURITY NUMBER DISCLOSURE

Information in your case may be discussed or given to the State, the Department of Child Support Services, other public agencies that can legally receive such information, and to the other parent or his/her attorney to the extent required by law. The local child support agency is required, under Section 466 (a)(13) of the Social Security Act, to include in child support records the Social Security number of any individual who is subject to a divorce decree, support order or paternity determination or acknowledgement. Social Security number information is mandatory and will be kept on file at the local child support agency to locate individuals for the purpose of establishing, modifying and enforcing child support obligations. Enrolling a child in health insurance may require the release of the child's Social Security number and mailing address to the other parent's employer or the release of the child's Social Security number to the other parent.

COOPERATION WITH CHILD SUPPORT

When you request services, you must cooperate with the local child support agency by giving any information or documents needed to establish paternity and/or locate the other parent to get support payments for your child. Once the services of the local child support agency have been requested, the local child support agency will determine the most appropriate actions to take. All support payments must be turned over to the local child support agency.

When you apply for, or receive, support services you are responsible for promptly informing the local child support agency of any changes in circumstance or information. Some examples are:

- child leaves the home;
- telephone number or address changes (including a move to another state, county or country);
- stopping public assistance (CalWORKs);
- name change;
- initiation of divorce or legal proceedings;
- information regarding the noncustodial parent;
- direct receipt of any child, spousal, or family support payment.

YOUR RIGHTS

You have the right to seek legal advice from a private attorney or legal aid group at your own expense. If you hire an attorney, you must tell the local child support agency. For free legal assistance, you may contact the Superior Court's Office of the Family Law Facilitator.

If you have a support order in the State of California, you can ask the local child support agency to review your support order to determine if the amount of support should be changed based on statewide guidelines. If the amount of support does not meet the guidelines for change, the local child support agency must give you or the other parent, upon request, information on how to get the forms to request the court to change the amount of support ordered. The local child support agency must also tell you of the initial date, time and purpose of every hearing for paternity or support. You also have the right to read the county clerk's file, unless that information is legally prohibited by confidentiality requirements.

You or the other parent may raise issues concerning support, custody, visitation, and restraining orders. The local child support agency will give you copies of the most recent order entered in your case. You can go to court to enforce your support order, but you must give the local child support agency advance notice if you intend to file your own enforcement action. If the local child support agency does not respond to your notice within 30 days or if the local child support agency tells you that you can proceed, you can file your own enforcement action as long as all support is payable through the local child support agency.

The local child support agency must have the permission of a non-public assistance recipient before filing a stipulation affecting the support order in which that person is named as a party. The local child support agency can not, without a public assistance recipient's consent, enter into a stipulation that will decrease the amount of over due support when the recipient is owed over due support that is more than the unreimbursed public assistance.

The payments received by the local child support agency are applied in the following order:*

1. Current monthly support;
2. Interest;
3. Past due support - first non-welfare arrears, then welfare arrears; and
4. Future obligations.

*Federal income tax refunds owed to the noncustodial parent can be intercepted by the local child support agency. By Federal law, this money cannot be applied to current child/spousal/family/medical support obligations. It must be applied to the past due child support. If a custodial parent has received public assistance, including Medi-Cal, the past due child support owed to the State/County will be paid first.

CALIFORNIA DOES NOT CHARGE AN APPLICATION FEE AND DOES NOT CHARGE FOR CHILD SUPPORT SERVICES PROVIDED TO APPLICANTS. HOWEVER, SOME STATES DO CHARGE A FEE FOR SERVICES. IF YOUR CASE INVOLVES ONE OF THOSE STATES, THEY MAY DEDUCT THE FEE FROM THE SUPPORT PAYMENTS, OR ADD IT TO THE BALANCE THAT IS OWED. IN ADDITION, IN SOME SITUATIONS, COSTS FOR GENETIC TESTS MAY BE CHARGED.

NOTICE OF COLLECTIONS AND DISTRIBUTION

You will get a Notice of Collections and Distribution of support payments every month from the local child support agency. The Notice will show you all support that was collected and paid out during the time period shown on the Notice. You will not receive a Notice of Collections and Distribution in a month that no support was received or paid out.

MEDICAL SUPPORT AND MEDI-CAL

Every child is entitled to a support order that requires one or both parents to provide health insurance if health insurance is available at reasonable cost. In general, the cost of health insurance is reasonable if it is employment-related group health insurance or other group health insurance. However, in determining reasonable cost, the court will also consider the actual cost of the health insurance.

The local child support agency will ask the court to establish or modify a child support order to require the noncustodial parent to provide health insurance if it is available at reasonable cost. The custodial parent may also request that the local child support agency modify the child support order to include a provision for health insurance. This may affect the amount of the monthly child support obligation. If the noncustodial parent is ordered to provide health insurance coverage, the local child support agency will contact the noncustodial parent and his or her employer, if necessary, to secure health insurance for the child. After the local child support agency receives the policy information, a copy will be given to the custodial parent.

Having private health insurance coverage does not prevent you from having Medi-Cal coverage. If you receive Medi-Cal and have individual or group health private coverage (including dental or vision coverage), you are required by Federal and State law to tell your county CalWORKs department, your health care provider, and/or the local child support agency. Failure to provide this information is a misdemeanor. You must report to your CalWORKs eligibility worker and/or local child support agency within ten days of when your private health coverage changes or stops. You must also tell your CalWORKs eligibility worker and/or the local child support agency about any court order providing health insurance.

If you are only receiving Medi-Cal benefits, you must cooperate in establishing paternity and obtaining medical support as a condition of continued eligibility for Medi-Cal benefits for you, unless you have filed and the county CalWORKs department has approved a claim of "good cause" (CA 51) for not cooperating. Your children will still be eligible for Medi-Cal. Also, all child support services will be given, unless you tell the local child support agency that you do not want services that are unrelated to obtaining medical support and establishing paternity. Obtaining medical support may reduce the amount of child support you receive. In cases where both parents are in the home, the local child support agency will establish paternity only.

Under Federal law [42 U.S.C. Section 1396A (25)] health insurance belonging to a Medi-Cal recipient in a child or medical support enforcement case is used as follows:

The service provider will bill Medi-Cal. Medi-Cal will pay the service provider. Then Medi-Cal will seek repayment from the other health coverage. You are not responsible for any insurance cost-sharing amount (co-insurance, co-payment or deductible) unless a Medi-Cal co-payment or share of cost must be met. The provider may bill you for the service if you do not cooperate in identifying your private health insurance. If your other health insurance is a Prepaid Health Plan (PHP) or a health maintenance organization (HMO), you **must** use the plan facilities for regular medical care. Except for out-of-area service or emergency care, Medi-Cal will not pay for services rendered by a provider not associated with your PHP/HMO. Out-of-area services or emergency care should be billed to the PHP/HMO.

FOR MORE INFORMATION ON CHILD SUPPORT SERVICES PLEASE REFER TO YOUR
CHILD SUPPORT HANDBOOK

NONDISCRIMINATION STATEMENT

It is the policy of the State of California to ensure that all individuals are treated equally and that no person shall, on the basis of ethnic group identification, race, color, national origin, political affiliation or belief, religion, sex, age or disability, be excluded from participation in, denied the benefits of any program or service, or otherwise be subjected to treatment that is different than that provided to others.

Each local child support agency has a designated Civil Rights Coordinator. Any applicant/recipient who feels they have been subjected to discriminatory treatment may file a complaint of discrimination by first contacting the local child support agency's designated Civil Rights Coordinator or by writing to the California Department of Child Support Services, Attn: Human Services Section, Civil Rights Office, P.O. Box 419064, Rancho Cordova, CA 95741-9064 or telephone (916) 464-5200.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36

20____				20____			
	DUE	PAID	BALANCE		DUE	PAID	BALANCE
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
TOTALS							

19____				19____			
	DUE	PAID	BALANCE		DUE	PAID	BALANCE
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
TOTALS							

EXHIBIT "A"

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36

19____				19____			
	DUE	PAID	BALANCE		DUE	PAID	BALANCE
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
TOTALS							

19____				19____			
	DUE	PAID	BALANCE		DUE	PAID	BALANCE
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
TOTALS							

EXHIBIT "A"

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36

19____				19____			
	DUE	PAID	BALANCE		DUE	PAID	BALANCE
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
TOTALS							

19____				19____			
	DUE	PAID	BALANCE		DUE	PAID	BALANCE
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
TOTALS							

EXHIBIT "A"